Content and Presentation of Content in Parental Education Groups in Sweden

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ABSTRACT

This study investigated parents' experiences of parental education groups at antenatal and child health care centers, including content, presentation of content, the leader's role, and the importance of other participating parents. Twenty-one interviews with 26 parents from 6 cities across Sweden were analyzed with 3 content analysis approaches. Parents expressed both satisfaction and dissatisfaction with the content, presentation of content, and the leader's role. They reported that social contact with other parents was important, that parenthood topics were covered less frequently than child and childbirth-related topics, and that group activities were less frequent than lectures. When designing future parental education groups, it is important to consider expanding parenthood topics and group activities because this structure is considered to provide support to parents.

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The transition to parenthood is sometimes overwhelmingly stressful (Nyström & Ohrling, 2004). New parents can experience feelings of insecurity, insufficiency, vulnerability (Fägerskiöld, 2008), and unpreparedness for their new role and situation (Deave, Johnson, & Ingman, 2008). Early parenting support provided by health professionals—that is, support given during pregnancy and the child's first 2 years—is aimed at promoting children's health and psychosocial development and strengthening parents in their parenting role (Collberg et al., 2007).

This study focused on the support provided by parental education (PE) groups offered by Swedish antenatal care (AC) and child health care (CHC) services. All first-time parents in Sweden are given the opportunity to attend a PE group. Like many other countries, Sweden has a long tradition of supporting expectant and new parents in their transition to parenthood via such groups. The goals of these groups are similar in Sweden and elsewhere: helping people prepare for childbirth and the transition to parenthood, increasing knowledge about child development and coparenting relationships, and developing social networks (Bryanton, Beck, & Montelpare, 2013; Gagnon & Sandall, 2007; Petersson, Collberg, & Toomingas, 2008; Swedish

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National Board of Health and Welfare [SOU], 1984; SOU, 2008; Swedish Paediatric Society, 2014).

Schrader McMillan, Barlow, and Redshaw (2009) found that parents were relatively satisfied with the content of PE group programs, preferred an interactive learning approach, and prioritized discussion with other participants. In a study by Ahldén, Ahlehagen, Dahlgren, and Josefsson (2012), parents suggested that PE groups should place more focus on the transition to parenthood. A meta-analysis found that various kinds of educational programs for people undergoing the transition to parenthood—from one-on-one efforts to classes—affected several parenting outcomes. These effects varied based on several factors, including when the educational intervention started (i.e., during pregnancy or up to 6 months after birth), the program's length, its goals, and the qualifications of the educator (Pinquart & Teubert, 2010).

Although PE groups have been used worldwide for many years, their impact on parents' overall acquisition of knowledge and skills is still not fully clear (Bryanton et al., 2013; Gagnon & Sandall, 2007). Studies on PE groups in early parenting typically lack in-depth descriptions of content and the ways it is presented and of the teaching approach used (Bryanton et al., 2013; Gagnon & Sandall, 2007; Pinquart & Teubert, 2010). Relevant content and pedagogical approach strongly influence learning (Boud, Cohen, & Sampson, 2001; Dornan, Boshuizen, King, & Scherpbier, 2007). Therefore, a better understanding of the content of the educational programs offered to parents and how this content is presented could provide important information on how to better design PE groups. The aim of this study was to analyze parents' experiences and perceptions of the content and presentation of content in PE groups at AC and CHC centers. The study addressed the following specific research questions:

1. What was the content of the PE group as described by the parents and how was it presented?
2. How did parents perceive the content and the way it was presented?
3. What was the parents' perception of the group leader's performance?
4. What was the parents' perception of the other parents' importance to share thoughts, feelings, and experiences?

METHOD

The study used a qualitative, descriptive, retrospective design. Semistructured interviews were used to gather information from parents who had participated in an AC and/or a CHC group. To minimize the parents' recall bias, only parents who attended a PE group no more than 1.5 years prior to their interview were included.

Setting

PE groups have a long tradition in Swedish society, are offered to all expectant and new parents, are part of the preventive health care provided by Sweden's AC and CHC services, and are free of charge (SOU, 1984, 2008). Midwives lead PE groups for expectant couples, and CHC nurses lead PE groups for new parents. There is no formal training in group leadership for midwives and CHC nurses anywhere in Sweden (SOU, 2008). At AC centers, PE mostly takes place in smaller groups near the end of pregnancy. However, there is a trend toward the use of bigger groups and fewer sessions. At CHC centers, it's recommended that PE groups consisting of a small number of parents start when the child is 6–8 weeks old and then meet regularly during the child's first year. Approximately 70% of first-time parents attended PE groups during pregnancy and after delivery at AC and CHC centers. However, after delivery, fewer partners attend PE groups (Blennow et al., 2013; National Quality Register for Maternity Service, 2012).

Data Collection and Procedure

Two approaches were used to recruit parents: an announcement on a social website and contacting three centers across Sweden providing CHC services. Twenty-one interviews were performed with 26 parents: 20 women (77%) and 6 men (23%). Sixteen (76%) of the interviews were conducted with individuals and five (24%) with couples. The parents varied in age (23–42 years), number of children (86% first-time parents; 14% two or three children), highest level of education achieved (23% senior high school education; 4% postsecondary high school $<$3 years; 73% postsecondary high school $>$3 years), and domicile (65% in medium-sized cities; 35% in the capital). Each interview was conducted by one of four interviewers (authors AB and MB and two colleagues

involved in the research project) either at a community center or in the home of the participant(s), whichever the participant(s) preferred. Each interview lasted between 15 and 55 minutes. Data were collected from March to June 2013. The responses were tape-recorded and transcribed verbatim. Data were collected using a semistructured interview guide that covered the following topics:

1. Parents' description of the content (information) covered and the way it was presented.
2. Parents' perception of the content and the way it was presented, including what they learned, what information they found useful, and whether they had the opportunity to influence what was covered.
3. Parents' perception of the group leader's impact on how well the group functioned.
4. Parents' perception of other parents' importance to share thoughts, feelings, and experiences.

Data Analysis. Three qualitative content analysis approaches were used as outlined by Hsieh and Shannon (2005): **directed**, **summative**, and **conventional**. All three authors participated and the analysis was done by hand. The analysis process of the transcribed data started with the **directed approach**. That is, the text was divided into text units, each marked as an answer to one of the four research questions. After that preparatory process, the **summative approach** was used to count (a) how frequently the different kinds of content were described by the parents and (b) how frequently the different ways of presenting content were described by the parents (Question 1). Next, using the **conventional approach**, coding and categories were derived directly from the text to provide answers to Questions 2–4. Quotes were consistently noted during the analysis and are presented with clarifying comments in brackets.

Ethical Considerations. The study was approved by the Regional Ethics Committee in Linköping (dnr 2013/359-31).

RESULTS

Content and the Ways Content Was Presented

Content (Topics and Subtopics Covered). The groups covered three topics: childbirth, parenthood, and the child. In 14 (67%) of the interviews, parents said that the PE program followed a fixed and predetermined agenda. In all interviews, parents reported that the topics and subtopics included the upcoming childbirth and the child. Topics and subtopics related to parenthood were described in 12 (57%) of the interviews (Table 1).

TABLE 1
Content—Topics and Subtopics Covered in Parental Education Groups as Described by Parents in the Twenty-One Interviews

Content—Topics and Subtopics Covered	Number of Interviews in Which Topic Was Described	Percentage of Interviews in Which Topic Was Described
Childbirth	21	100
Medical facts (breathing, pain relief, stages of labor)		
Practical advice (who to call, when to go to the hospital, parking)		
Supporting your partner during childbirth		
Parenthood	12	57
Experiences, expectations, attachment, life as a family, the couple relationship of parents		
The first days at home (breastfeeding, sleep, routines, advice about medical supplies and car seats)		
Parents' responsibilities (social insurance, the United Nations Convention on the Rights of the Child)		
The child	21	100
Care (breastfeeding, feeding, bathing, tooth care, illnesses, sleep, baby massage, child safety at home and in traffic)		
Development and needs (language, stimulation, attachment, parenting, child-rearing)		
Children's rights (children's vulnerability, dependency, rights, social insurance)		

Parents' Perception of the Content

Satisfied. The parents who were satisfied perceived the information they received as worthwhile and useful. Examples of such information included what happens during delivery, pain relief and its effect on the child, how varied deliveries can be, what parents should take to the maternity ward, how long they probably would stay at the maternity ward, what happens after delivery, breastfeeding, food, sleep, and car seats.

> *When they talked about the kinds of things you should have with you, how long you could expect to stay at the maternity ward, a little more practical. So it was actually worthwhile to go even though there was a lot of nonsense.* (Informant 1)

The information could be a complement to what the parents themselves had read, for example, regarding childbirth. Information could also cause the parents to start thinking about parenthood. A few parents described the information as empowering and practical. It could then provide confirmation that something was normal and could make parents feel prepared and safe—in other words that they understood what they would go through.

> *So I noticed during delivery especially with breathing, so I thought I benefited from it. I could absolutely relate to what I had learned at the parental education classes and even the things that were very theoretical I knew exactly what they were talking about.* (Informant 2)

Dissatisfied. The parents who were dissatisfied with the information they received described it as superficial and/or not useful and said that it did not meet their expectations and needs. Some also reported that they already knew the information that was given. Some parents thought they received too little information related to childbirth, for example, about everything you have to think about when you are giving birth, complications, choices in connection with delivery, and feelings before and after childbirth. These parents also reported that they received too little information on a number of topics, such as preparation for parenthood, how becoming a parent can affect people, relationships, sex, things that can be difficult and troublesome, attachment, breastfeeding, what to do when the child cries a lot, and sleep.

> *. . . and then when she tosses out stupid comments in the lecture about labor like "Yes, you should be aware that labor consists mostly of pauses." Then you felt like, what am I doing here?! It's like, it's like not what you want to hear when you're going to give birth soon. No, it could have been cut down to about 15 minutes of useful things. (Informant 3)*

Parents' Perception of How the Content Was Presented. In the 21 interviews, the parents described four ways content was presented: via lectures, with the help of learning aids, via instructional strategies for active learning, and through group activities. Lectures were the most commonly described way of presenting content (mentioned in 91% of interviews). In more than half of the interviews, the parents said that information was presented with the help of some kind of learning aid (mentioned in 67% of interviews) and that parents were encouraged to participate actively (mentioned in 62% of the interviews). Group activities were described in less than half of the interviews (46%; Table 2).

Parents' Perceptions of the Group Leader's Performance. According to parents, it was important to get answers to their questions and to get information when they needed it most. They thought that information related to the phase they were in was the most relevant. They also wanted to feel that they could rely on the personnel to give the information they needed, for example, about pain relief during childbirth. It was good that personnel introduced topics the parents thought were difficult to bring up and that they therefore might not have asked about.

Satisfied. Those who were satisfied said the personnel showed engagement, were encouraging, supportive, and seemed to enjoy their work. For example, the parents reported that such personnel gave examples of various solutions, were unbiased and explained things in a way everyone could understand, and/or took plenty of time so that everyone could keep up. They had insight into, could understand, and could explain how it was, and they provided the expert perspective in group discussions. Parents appreciate being able to "try things themselves" in the group, such as breathing and baby massage. The parents thought it was good when they received written materials. They also said it was positive when personnel illustrated their information with pictures, films, or other teaching aids.

TABLE 2
Presentation of Content Described by Parents in the Twenty-One Interviews

Content	Number of Interviews in Which Method of Presentation Was Described	Percentage of Interviews in Which Method of Presentation Was Described
Lectures	19	91
Internal (by personnel at the antenatal care center and child health care center)		
External (by a lecturer from outside the antenatal care center or child health care center)		
Teaching aids	14	67
Films, pictures		
Role-playing		
Newspaper clippings		
Demonstration aids (doll, model pelvis, plastic model breast, medical supplies)		
Instructional strategies for active learning	13	62
Self-study (with follow-up discussions, brainstorming, formulating topics/questions)		
Group activities	10	48
Whole group		
Small group (pairs/couples, women and men in separate groups)		

Parents who were satisfied with the group leader's approach to achieving a good atmosphere for discussions said that the leader participated in the group discussion the whole time, was engaged, paved the way for discussion/dialogue and created interest, asked people to share their experiences so everyone understood that sharing was important, raised issues relevant to everyone, listened and suggested topics for discussion, had a sense of humor, talked about his or her own experiences, and involved the participants.

> *She [the group leader] is quite calm and quite harmonious and quite sure of what she does, this makes us also think that it's great to be there.* (Informant 4)

When the group got quiet, the leader joined the discussion in various ways and saw to it that everyone participated actively and was able to ask their questions.

> *She [the group leader] mentioned small things you can talk about to get the discussion going so, and that was really good, then it flowed more easily, so then it opened up for spontaneous discussion.* (Informant 1)

Dissatisfied. Those who were dissatisfied with the opportunity to obtain answers to their questions described the personnel as controlling, unpedagogical, and not confidence-inspiring. The parents sometimes also thought the personnel seemed uncertain and explained that the personnel just "forged ahead with their own thing" and/or engaged in one-way communication. For example, parents explained that they did not get any concrete answers that even if the group leader listened and encouraged the parents to ask questions, they did not follow up on the questions but rather could start talking about something else. One person reported that the group leader referred to a book even though it was not relevant, and another that the group leader did not have a matter-of-fact attitude toward childbirth.

> *I asked about research and myself referred to research at one point, "that yes but there are of course studies," and then it was something about child development that I referred to, now I don't remember exactly what it was but it was like, "oh well" that wasn't so interesting, or I felt that she barely commented on it. And then at some point I asked about research but then got a little bit of an evasive answer.* (Informant 5)

Some parents reported that the group leader had an offensive attitude, for example, emphasized differences between the genders in an unnuanced

way, treated adults like children, created a day care atmosphere, belittled someone, or had not set up the class for everyone—for example, for homosexuals and/or fathers. Some parents thought there was no introduction of the plans for the parent group, that the setup was poor or old fashioned, that they had to participate in "silly" role-playing exercises, and that planning goals, structure, agenda, and evaluation seemed to be missing. Several reported that they received material that was not up-to-date. Some parents said that they missed having group discussions or that there was entirely too little time for such discussions.

Parents who were dissatisfied with the group leader's method of creating good climate for discussions explained that it was too distant, was unengaged, had a routine-like and standard setup, provided unclear information about what would be discussed in the group, and/or did not give the support needed to get the discussion started. These problems contributed to a lack of trust in the group, it felt strained and stiff in the group, and they did not know what they should say in the group. A few thought that the division into groups had happened too quickly (right when they came the first time) that the groups were too big and that participants did not feel comfortable with the groupings.

Parents' Perception of the Other Parents' Importance. According to the parents, establishing social networks with other parents was very important—often more important than the actual information they received.

> *The information is important in a way, but you can also find it yourself so if you just get guidelines for, it was good to get certain guidelines [about] what could be important, but I think that the social [part] was the most important.* (Informant 6)

The parental group provided the opportunity to meet others in similar situations and to come in contact with people who were also on parental leave. Parents could make friends and get help and support from each other regarding questions the leader didn't take up.

> *I feel a little like I would almost have managed without the parental education class, I could have gotten that information from reading, or ask my midwife but I wouldn't have managed without the social network.* (Informant 7)

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DISCUSSION

This study aimed to study parents' experiences and perceptions of the content and presentation of content and of group leaders' approaches in PE groups at AC and CHC centers. The main finding was a large variation in content, the ways content was presented, and group leaders' approaches. Some parents benefited in several ways from participating in groups. They gained confidence in themselves as new parents and access to relevant information on childbirth, the transition to parenthood, and on child health development. They also developed a social network. However, the study revealed that some parents were not satisfied with the information on childbirth and some were not satisfied with the information on parenthood and that group activities were a less frequent way of presenting content than lectures, teaching aids, and instructional strategies for active learning.

It is important to consider whether the PE groups achieved their goals of preparing expectant parent for childbirth and the transition to parenthood, increasing knowledge about child development and coparenting relationships, and developing social networks (Bryanton et al., 2013; Gagnon & Sandall, 2007; Petersson, Collberg, & Toomingas, 2008; SOU, 1984, 2008; Swedish Paediatric Society, 2014). Thus far, studies have focused mainly on obstetric outcomes (Bergström, Kieler, & Waldenström, 2009; Fabian, Rådestad, & Waldenström, 2005; Gagnon & Sandall, 2007; Schrader McMillan et al., 2009). Measuring the effects of parental groups on preparation for childbirth and parenthood is comparatively complex because the support provided by PE groups is multifaceted (Collberg et al., 2007; SOU, 2008). According to the Swedish National Board of Health and Welfare, it's also important with group leader's attitude in PE groups at AC and CHC (SOU, 1984).

Preparing Expectant Parents for Childbirth and the Transition to Parenthood. The main focus of PE groups for expectant parents has been preparation for childbirth, and the results of our study indicated that parents achieved this goal. Parents were provided with practical information, such as what happens with the body physically during childbirth

and how to handle the pain. It was less common for PE groups to provide information on preparedness when things go wrong and emotions involved when giving birth.

Our results indicate that parents did not achieve the intended goal to prepare them for transition to parenthood. The parents wanted PE groups to provide more information to increase their focus on the transition to parenthood, a finding that is in line with the results of other studies (Ahldén et al., 2012; Fabian et al., 2005). The agreement between our findings and the findings of other studies is of particular concern because there is some evidence that parents who have participated in PE groups that focus on parenthood demonstrate a higher degree of satisfaction with their relationship both to their partner and their child and are more confident in their parenting after childbirth than parents who did not participate in such groups (Schrader McMillan et al., 2009; Svensson, Barclay, & Cooke, 2009).

Increasing Parents' Knowledge About Child Development and Coparenting Relationships. The SOU suggests that early support for expectant and new parents is a powerful means of ensuring the health of children (SOU, 2008). The results of a meta-analysis suggest that parenting-focused interventions during pregnancy or within 6 months after childbirth can have meaningful effects on both child development and coparenting relationships (Pinquart & Teubert, 2010). Moreover, parents themselves express a desire to be better prepared for becoming new parents. For instance, a large study has shown that the main concern of expectant parents is feeling more secure about taking care of their newborn (Ahldén et al., 2012). It is therefore important to increase parents' self-efficacy by providing more information about early parenting and child development in PE groups which is in line with the goal. Our results showed that parents received information about caring for their child and about child development, but some parents also said information about topics such as sleep, handling crying, and their relationship with their child was lacking. In their article about their intervention study, Svensson et al. (2009) provide suggestions for increasing parenting knowledge and feelings of competence and confidence via PE groups.

PE groups are also tasked with providing information about relationships. Increased knowledge about coparenting seems to have a positive impact on maternal experiences: it increases satisfaction with childbirth, reduces the number of mothers with depression and anxiety, and promotes a positive perception of support from partners (Schrader McMillan et al., 2009). However, our results indicated PE group activities still are designed with traditional gender roles. It might be necessary to educate midwives and CHC nurses in gender issues so PE groups will be designed to attract equal participation by women and men. Other researchers have come to similar conclusions (Premberg, Hellström, & Berg, 2008; Widarsson, Kerstis, Sundquist, Engström, & Sakardi, 2012). Another problem is that although nearly equal numbers of expectant mothers and fathers participate in AC groups, fewer fathers than mothers participate in CHC groups (i.e., groups that start meeting after childbirth). According to Hallberg, Beckman, and Håkansson (2010), one reason could be that CHC centers have not succeeded in making their PE groups attractive to fathers; for example, by offering PE groups in the evening.

Developing Social Networks. Our results showed that participation in PE groups promoted relationships with other parents and that the parents continued socializing after the PE group disbanded. Parents also said interactions with other parents were more significant than the information they received from the leader. To gain relationships with other parents is in accord with the goals of PE groups. It is also in keeping with research that has shown that interaction between parents leads to reflection about parenthood (Schrader McMillan et al., 2009) and enhances self-efficacy; for example, by helping parents understand that their child is developing normally (Nolan et al., 2012).

Another goal of PE groups is to meet enough times that parents can get to know each other (SOU, 1984). Unfortunately, a report shows the number of PE group sessions is decreasing in Sweden (National Quality Register for Maternity Service, 2012). This seems unfortunate because we found that parents wanted more time to get to know each other. Moreover, previous research indicates that the number of PE group sessions is related to parents' perception of support and social contact with other parents: the more sessions, the more perceived support and perceived contact with the other parents (Fabian et al., 2005). However, our study also showed that leadership played an important role in the creation

of social networks. Leaders could promote the establishment of social networks by planning enough time for discussions and creating an atmosphere conducive to interactions between the members in the group.

Group Leaders' Approaches to Presenting Content. Despite the research that has been done on PE groups, there are still no best practice guidelines for what such groups in Sweden should cover, how they are structured, or how the content should be presented. Our study showed that midwives and CHC nurses most frequently employed an expert learning approach, using more "top-down" lectures than other teaching and learning activities. Parents, on the other hand, reported that they preferred not only well-structured content but also an interactive learning approach; specifically, more group activities and more discussions with other parents. These findings regarding parental preferences are in line with the findings of previous studies (Ahldén et al., 2012; Schrader McMillan et al., 2009; Svensson, Barclay, & Cooke, 2008).

Peer-group learning is an effective pedagogical method (Boud et al., 2001; Secomb, 2008) that works by creating a learning environment in which group members—in this case, parents—participate actively, clarifying differences, and constructing new understanding. These advantages accrue at least in part from the scaffolding process, a process in which group members act as resources for each other and help other group member's progress in their understanding. One group of researchers has reported that expectant and new parents prefer a menu of learning strategies that includes lectures from experts; small group, problem-solving discussions; and social groups for the development of support networks (Svensson et al., 2008).

There are no ready models for how to lead groups of expectant and new parents, and it may therefore be difficult to deal with problems that can arise as the result of group processes. Group processes also develop in PE groups, which meet on several occasions, and it is important for group leaders to provide reassurance for parents to enable them to share each other's resources. However, no systematic nationwide evaluation has been conducted in Sweden to date regarding how to lead groups of expectant and new parents of PE groups, and today, no formal training in group leadership is available in Sweden for midwives and CHC nurses (SOU, 2008). Such courses are also rare in other countries (Schrader McMillan et al., 2009).

In a nationwide survey of CHC nurses, nearly 69% said that lack of training in group leadership is the major reason why some groups fail to meet the national goals for PE groups (Wallby, 2008). This result suggests low "self-efficacy" among these professional groups; that is, a low level of belief in their own group leadership ability. Midwives and CHC nurses with low self-efficacy as group leaders will likely to subsequently fail to create a supportive learning environment for parents attending groups and may thus also fail to enhance parents' self-efficacy.

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Methodological Considerations

In accordance with Graneheim and Lundman (2004), we used three criteria to achieve trustworthiness: credibility, dependability, and transferability. First, the credibility of our study has some limitations. The authors' preconceptions and experience could have influenced data collection and data analysis. It is, however, impossible for a researcher not to bring his or her own subjective perspective to the phenomena under study, but it is important not to put a meaning to something that is not there. To reduce this risk, results of the analysis were compared and discussed by the three authors until agreement was attained. Using three approaches of content analysis could be considered strength because it gave answers to our different research questions. In addition to the directed and summative analysis, the conventional approach contributed to a deeper understanding of the parents' perceptions. According to Hsieh and Shannon (2005), this approach is appropriate to use when a theory or research is limited on a certain phenomenon which is the case regarding content and presentation of content in PE. A strength of the study is the selection of participants who had various experience of PE groups and were of different ages and both sexes, thus enriching the data. Second, the dependability of the study could have some limitations. Four different persons interviewed the parents, so even though all authors used the same guide when they asked questions, it

is possible that data were not gathered consistently. Third, transferability is limited. The results have explanatory value only for the context from which they emerged: PE groups in Sweden. However, our results may also be useful to parental educators in other countries.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

Based on the findings, the following recommendations are given to improve content, presentation of content, and group leaders' performance in PE groups:

1. Formal training in group leadership to midwives and CHC nurses is recommended comprising pedagogical tools, understanding of group dynamics, communication methodology, scientific knowledge, and sufficient background in gender studies. This is important in order for midwives and CHC nurses to respond to the demands and needs of today's parents.
2. Supervision and support on a regular basis to midwives and CHC nurses are recommended in order for them to maintain skills and knowledge in performing high quality PE.
3. A planning for smaller groups and meetings on several occasions is recommended in order for parents to establish social networks with each other. Therefore, there is need for a reversal of the trend toward the use of bigger groups and fewer sessions.
4. An increase in group activities and an interactive learning approach is recommended because parents prefer discussions with other parents rather than more frequent lectures.
5. An increase of parenthood topics in PE because this topic was covered less frequent and parents prefer this type of information.

To conclude, well-designed and successfully implemented PE groups led by midwives and CHC nurses would help new and expectant parents deal more effectively with the transition to parenthood. Our results indicate that there are currently several challenges to successfully running PE groups and achieving the goals of such groups. With an optimal design, the goals of PE groups could be achieved, and the potential to provide efficient support to expectant and new parents could be increased.

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